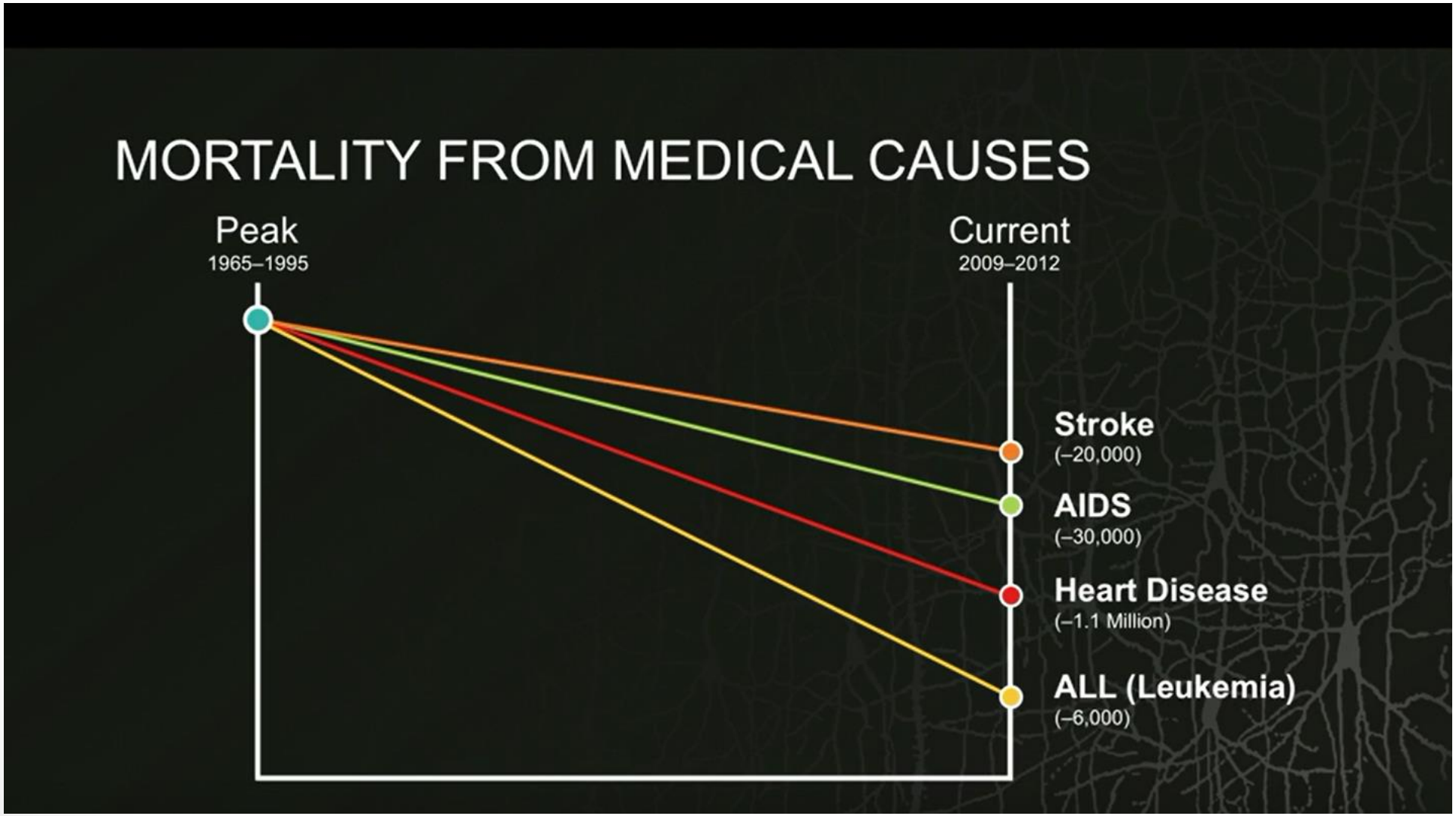
Who Wins and Who Loses in the World of Evidence-Based Treatment for PTSD

Truths and Misconceptions about Evidence-Based Practice in Behavioral Health

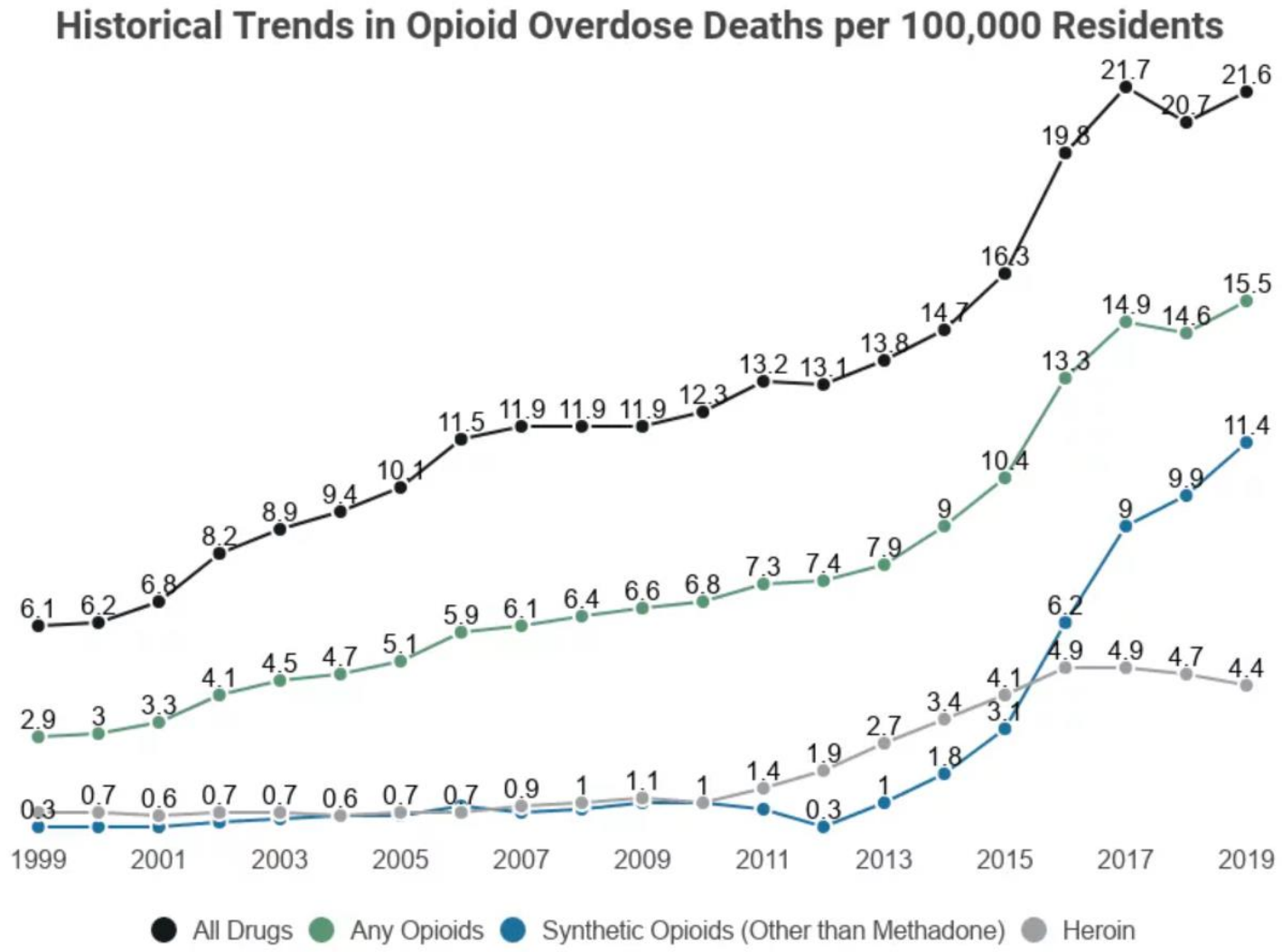
Darin Carver, LCSW

Weber Human Services

We've Made Major Strides in Changing the Trajectory of Several Physical Health Problems



National Data on Drug Overdose Deaths in the US



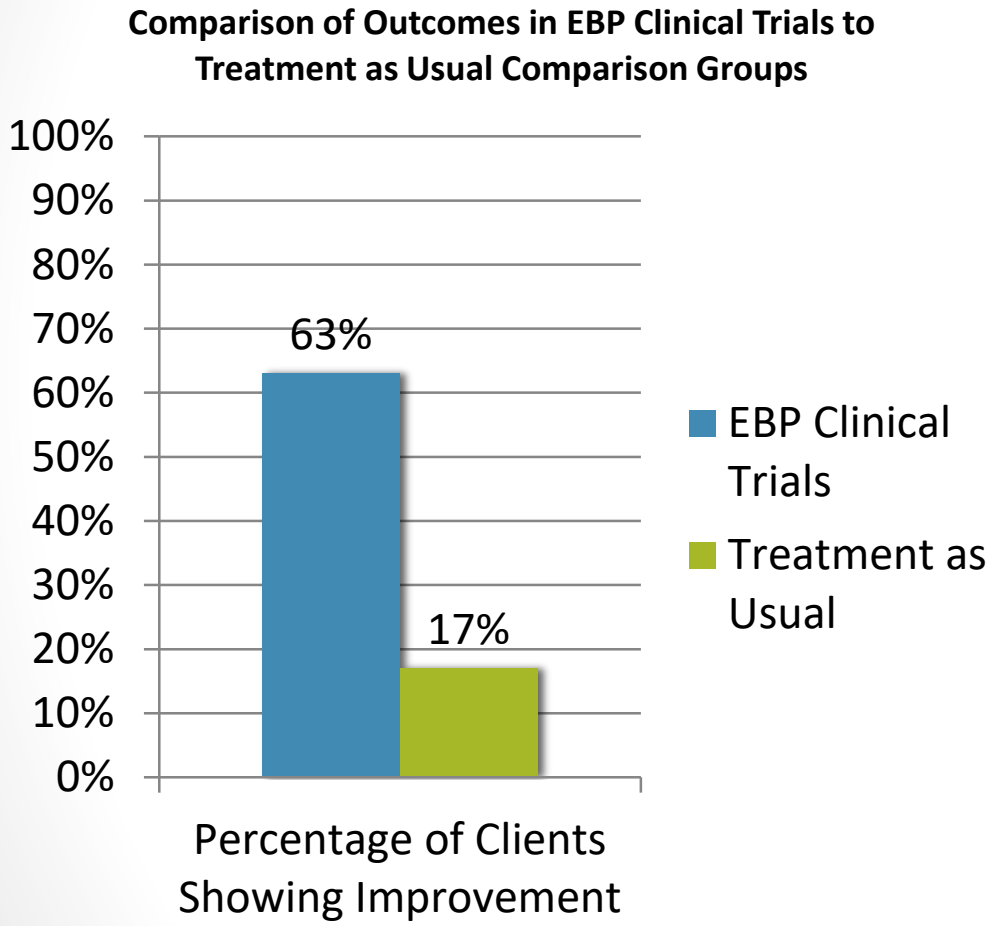
https://drugabusestatistics.org/drug-overdose-deaths/

From 1999 through 2019, the age-adjusted suicide rate increased 26% per 100,000

"We estimate that 14.3% of deaths worldwide, or approximately 8 million deaths each year, are attributable to mental disorders. These estimates suggest that mental disorders rank among the most substantial causes of death worldwide. Efforts to quantify and address the global burden of illness need to better consider the role of mental disorders in preventable mortality."

Walker, E. R., McGee, R. E., & Druss, B. G. (2015). Mortality in mental disorders and global disease burden implications: a systematic review and meta-analysis. JAMA psychiatry, 72(4), 334–341. https://doi.org/10.1001/jamapsychiatry.2014.2502.

The Question is No Longer "What Works", It's about How to Make "What Works" Work!

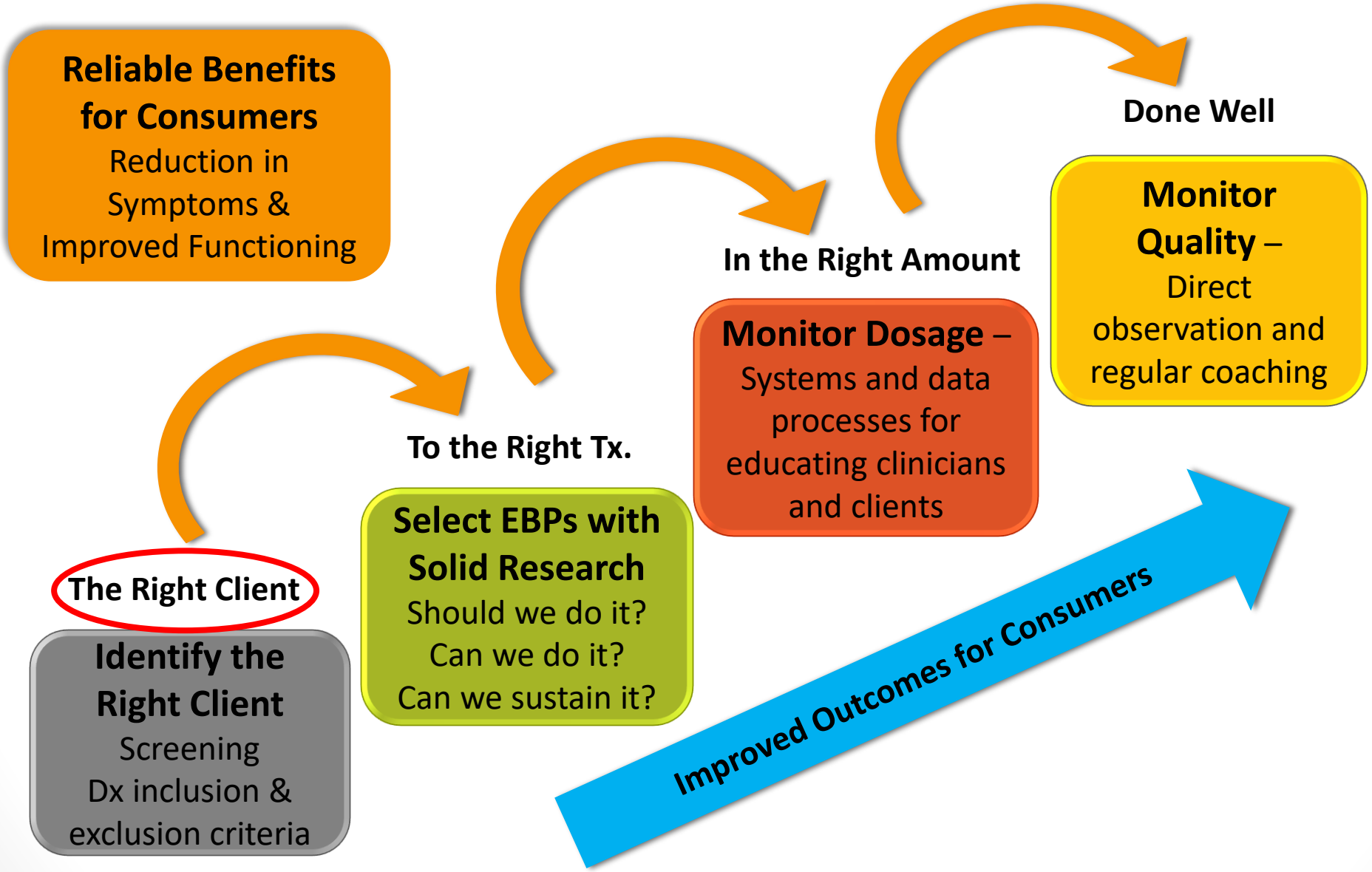


"Studies indicate that it takes an average of seventeen years to turn a mere 14 percent of original research findings into benefits for clients…just because significant findings have emerged, it doesn't mean that clinical practice will soon change."

Hansen, B. et., al. (2002). "The Psychotherapy Dose-Response Effect and Its Implications for Treatment Delivery Services." Clinical Psychology. Volume 9, Issue 3, pages 329–343.

McGovern, M. et., al. (2013). "Implementing Evidence-Based Practices in Behavioral Health." Hazelden. Center City MN.

Outcome Improvement Plan at WHS via EBP Implementation



Mis-diagnosis…How Frequent is It? What are the consequences?

"…a 2009 meta-analysis of 50,000 patients published in the Lancet found that general practitioners only correctly identified depression in patients in 47.3% of cases.'
…some of the most frequently misdiagnosed mental health disorders include borderline personality disorder, ADHD, PTSD, and anxiety."

https://www.bridgestorecovery.com/blog/the-dangers-of-mental-health-misdiagnosis-why-accuracy-matters/

Screening Instruments Administered at WHS

Children

- Pediatric symptom checklist (anxiety, depression, conduct - 35)
- Young Child PTSD screener – 6

(Total – 41 Ques.)

Youth

- CRAFFT (sub. Misuse - 9)
- Pediatric symptom checklist (anxiety, depression, conduct - 35)
- Prime (psychosis - 12)
- Young child PTSD screener (adapted - 6)

(Total – 62 Ques.)

ARS

- ASSIST – Sub. involve. scale – 10 x 6
- BLS-23 (Borderline PD)
- GAD – 7 (Anxiety)
- Mood Dis., Question. (Bipolar - 17)
- PC-PTSD-5 (trauma screener)
- PHQ-9 (Depression)

(Total – Ave 84 Ques.)

Adult MH

- BLS-23 (Borderline PD)
- CAGE (Sub Abuse - 4)
- GAD – 7 (Anxiety)
- Mood Dis., Question. (Bipolar - 17)
- PC-PTSD-5 (trauma screener)
- PHQ-9 (Depression)
- Prime (psychosis 12)

(Total – 77 Ques.)

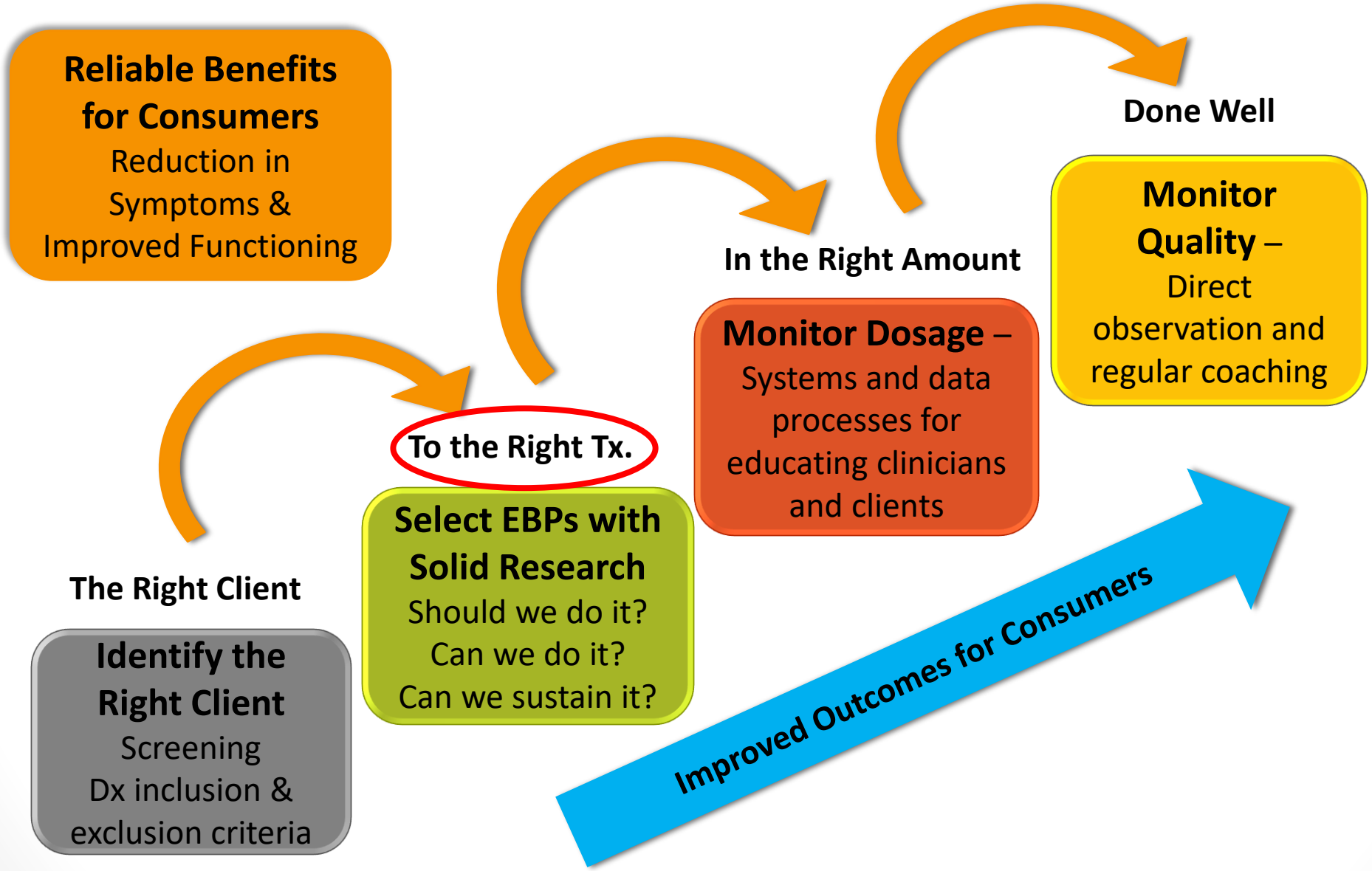
Does a Traumatic Event Equal PTSD or a Need for Trauma Treatment?

"A man walked away from a rollover crash in American Fork Canyon with just a cut on his hand, authorities said. According to the Lone Peak Fire District, the single-vehicle crash happened shortly before 1 a.m. Saturday in the area of Tibble Fork. Photos from the scene show a dark-colored Audi tipped against a tree at the bottom of a slope. It appears the tree stopped the vehicle from rolling further."

What is the Difference Between Screening and Assessment?

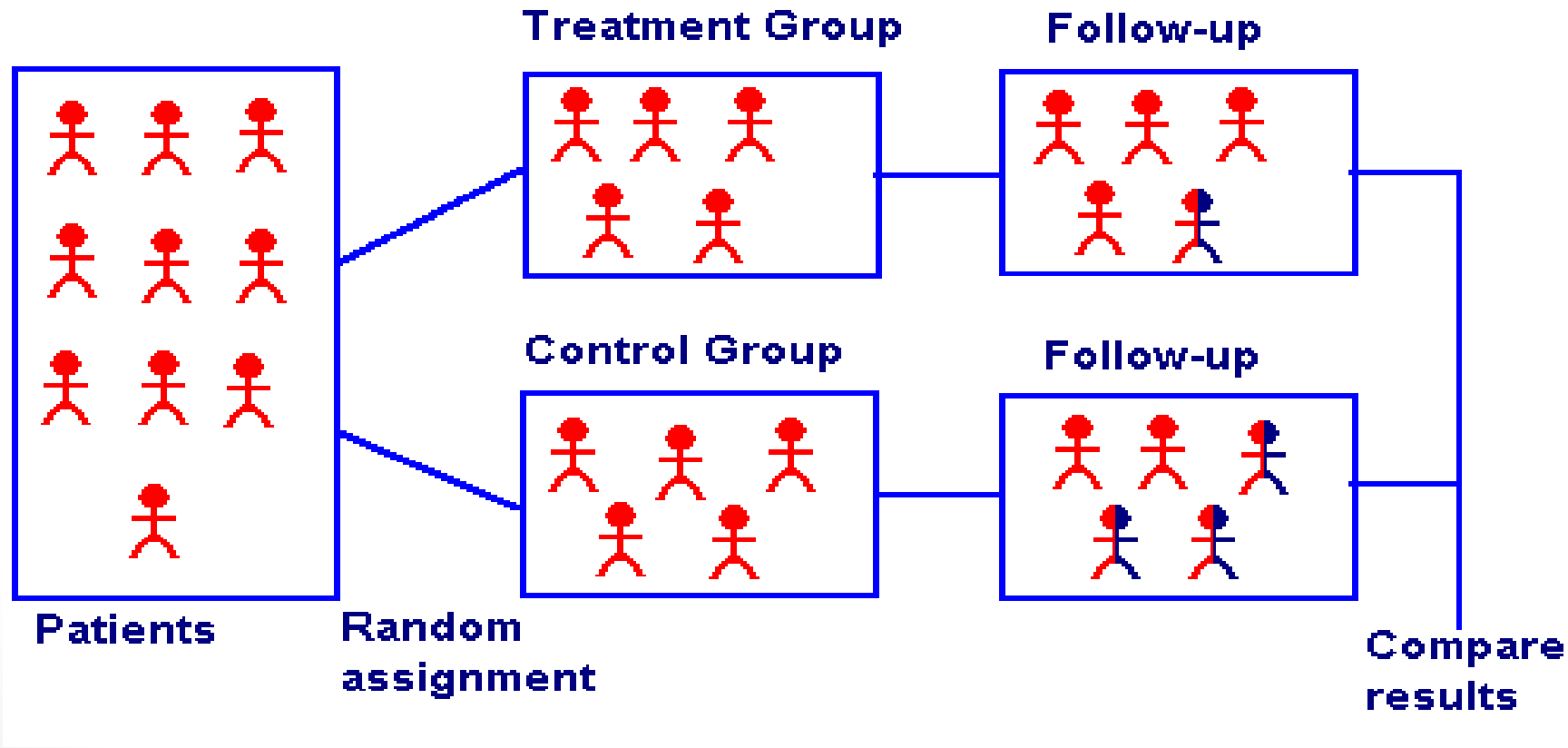
"Screening is a process for evaluating the *possible presence* of a particular problem. The outcome is normally a simple yes or no. Assessment is a process for defining the nature of that problem, determining a diagnosis, and developing specific treatment recommendations for addressing the problem or diagnosis."

Outcome Improvement Plan at WHS via EBP Implementation

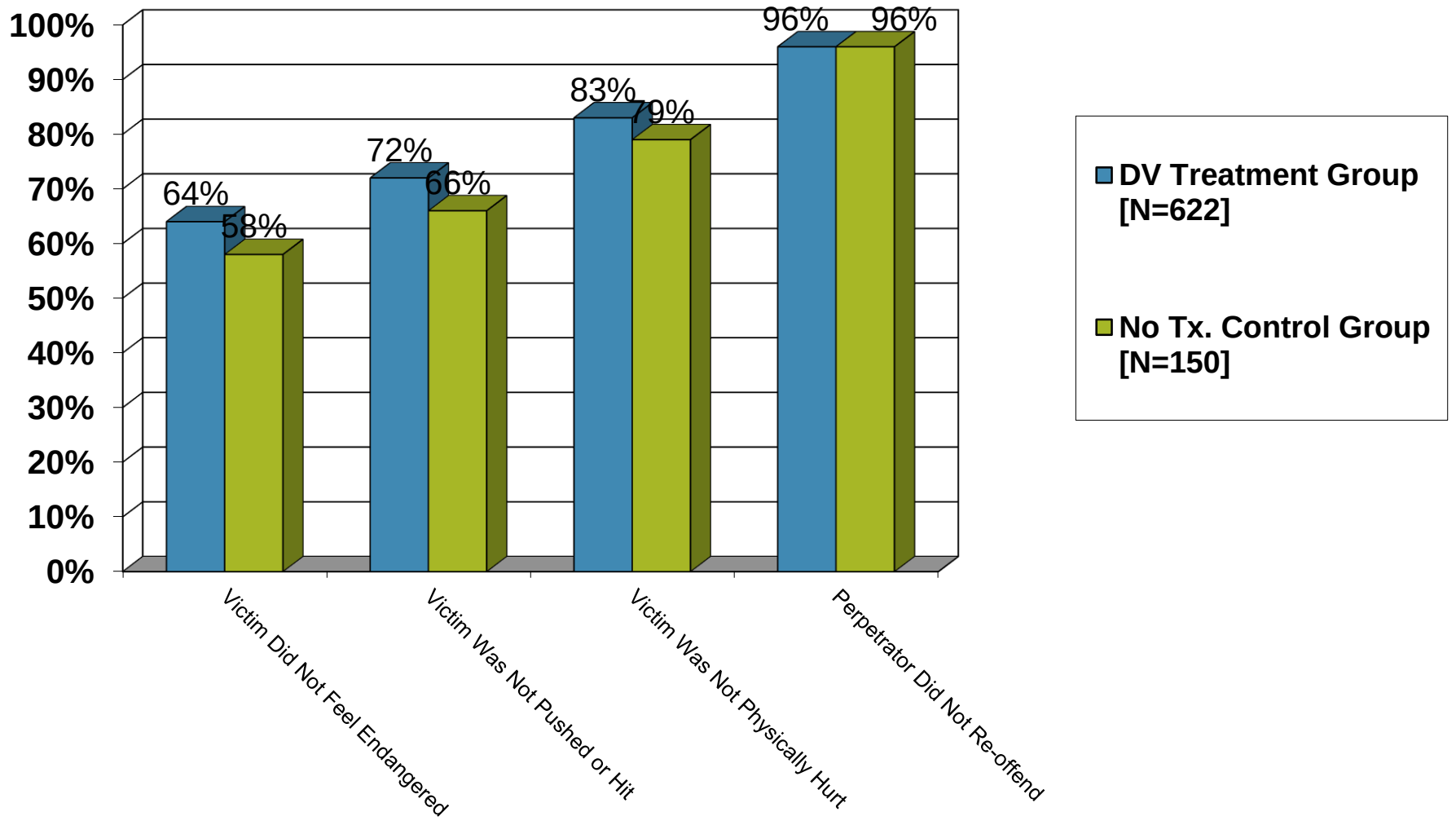


Basics of Randomized Control Trials

Adherence to psychological approaches and techniques that are based on scientific evidence is referred to as "Evidence-based Practice" (EBP).



DV Treatment vs No Treatment



Dunford. F.W. 2000. "Determining Program Success "Crime and Delinquency. Vol. 46 No. 3, 425-434

What Do We Really Mean When We Say "Evidence-Based"

- "Evidence-based programs are programs that have been rigorously tested in controlled settings…and translated into practical models that are widely available to community-based organizations. It is also important that the evaluations themselves have been subjected to critical peer review. That is, experts in the field – not just the people who developed and evaluated the program – have examined the evaluation's methods and agreed with its conclusions about the program's effects."

- "…many research-based programs do not actually fit the definition of an evidence-based program… Just because a program contains research-based content, or was guided by research, doesn't mean that the program itself has been proven effective. Unless the program has been tested and shown to be effective, it is incorrect to call it 'evidence-based."

https://projectenhance.org/what-is-an-evidence-based-program/

Don`t trust everything you see. Even salt looks like sugar.

The Evidence Associated with the Trauma-Focused CBT Model

"Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment for children and adolescents impacted by trauma and their parents or caregivers. *Research shows* that TF-CBT successfully resolves a broad array of emotional and behavioral difficulties associated with single, multiple and complex trauma experiences."

https://tfcbt.org/

"*When more than 10 research articles have been published in peer-reviewed journals*, the CEBC reviews all of the articles as part of the rating process and identifies the most relevant articles, with a focus on randomized controlled trials (RCTs) and controlled studies that have an impact on the rating. The 12 articles chosen for Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) are summarized below:"

California Evidence-Based Clearinghouse for Child Welfare

https://www.cebc4cw.org/program/the-intergenerational-trauma-treatment-model-ittm/

The Evidence Associated with the Intergenerational Trauma Treatment Model

- "The Intergenerational Trauma Treatment Model (ITTM) is a complex treatment program for children (aged 3 to 18 years) and their caregivers. The ITTM program is *based on over 20 years of original research*, development, and clinical practice and informed by trauma theory, attachment theory, and advanced CBT techniques."

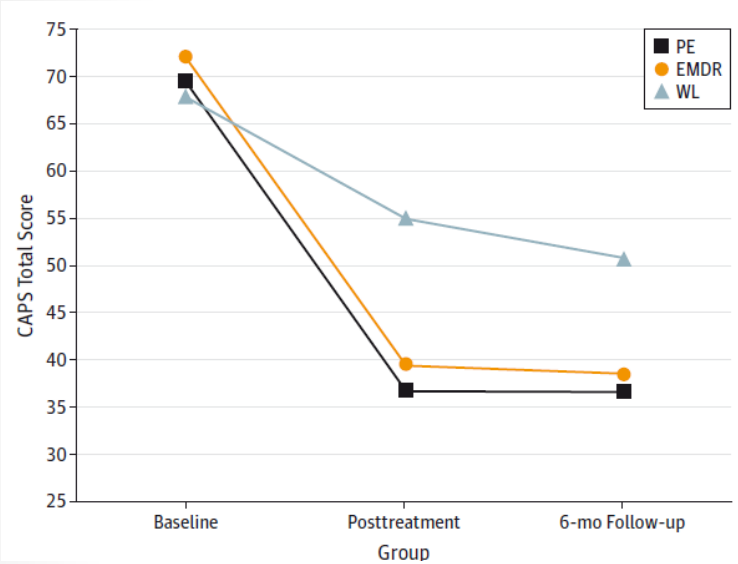
https://theittm.com/

- "This paper examined outcomes of the Intergenerational Trauma Treatment Model, a trauma treatment model for children and their caregivers. All children in treatment had experienced at least one traumatic event. Measures utilized include the Standardized Client Information System (SCIS). Results reflect significant reductions in conduct disorder, problems in social relations, and caregiver depression. *Limitations include nonrandomization, the lack of a control group, and small sample size."*

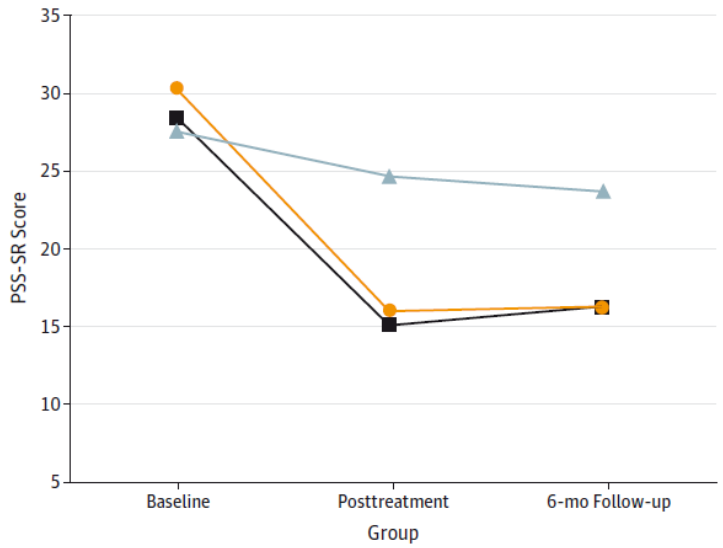
California Evidence-Based Clearinghouse for Child Welfare

https://www.cebc4cw.org/program/the-intergenerational-trauma-treatment-model-ittm/

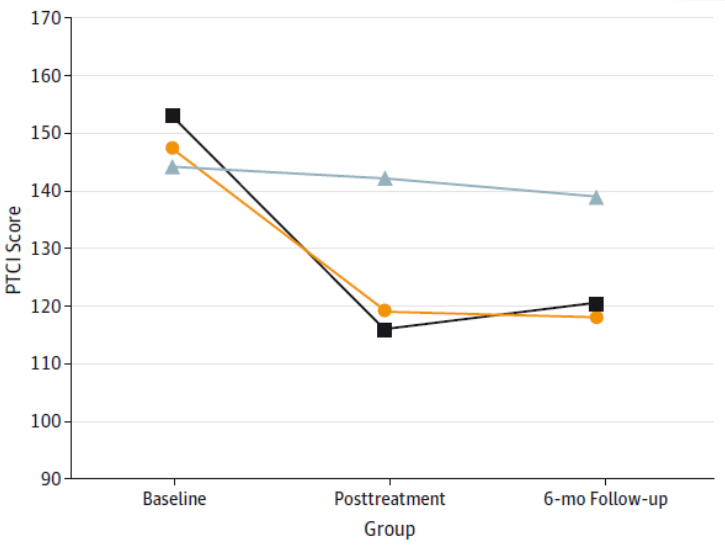
Are Some EBPs More Effective than Others?



Clinician Administered PTSD Scale
*No difference between EMDR & PE
Both out perform the wait list



Post Trauma Stress Symptom Scale
*No difference between EMDR & PE
Both out perform the wait list.



Post Trauma Cognitions Inventory
*No difference between EMDR & PE
Both out perform the wait list

**Important to note there were no differences in treatment dropout rates between the two groups.

Van den Berg DP, et. al. (2015) Prolonged exposure vs eye movement desensitization and reprocessing vs waiting list for posttraumatic stress disorder in patients with a psychotic disorder: a randomized clinical trial. JAMA Psychiatry. 2015 Mar;72(3):259-67. doi: 10.1001/jamapsychiatry.2014.2637. PMID: 25607833

What Works in EMDR is Exactly What Works in Prolonged Exposure

"…the bottom line: EMDR ameliorates symptoms of traumatic anxiety better than doing nothing and probably better than talking to a supportive listener. *Yet not a shred of good evidence exists that EMDR is superior to exposure-based treatments that behavior and cognitive-behavior therapists have been administering routinely for decades.* Harvard University psychologist Richard McNally nicely summed up the case for EMDR: 'What is effective in EMDR is not new, and what is new is not effective."

This article was originally published with the title "EMDR: Taking a Closer Look" in Scientific American Special Editions 17, 4s, 10-11 (August 2012) doi:10.1038/scientificamerican1207-10sp

Well Defined, Effective Interventions that are Teachable, Learnable, Doable, Readily Assessable, and Scalable!

"…it is critical not only to know whether a program works, ***but which program elements are essential in making the program successful.*** To date, though, few programs have had hard data about which program features are critical —core components‖ and which features can be adapted without jeopardizing outcomes."

Clear description of –

- Context in which the service is delivered.
- Core components (active ingredients)
- Operational definitions of the core components so they can be taught, learned, and implemented in typical settings
- A practical strategy for assessing the behaviors and practices associated with the intervention.

Blase, K., & Fixen, D. (2010). *"Core intervention Components: Identifying and operationalizing what makes programs work."* University of North Carolina Chapel Hill.

Factors to Consider when Selecting an Evidence-based Treatment?

CAN WE DO IT THE RIGHT WAY?

✓**Need** – What percentage of clients will benefit from the treatment? What are is the community perception of need?

IS IT THE RIGHT THING TO DO?

✓**Capacity** – How will we sustain the treatment over time? How will ongoing training occur when there is turnover? Who in the agency and outside the agency will support this practice?

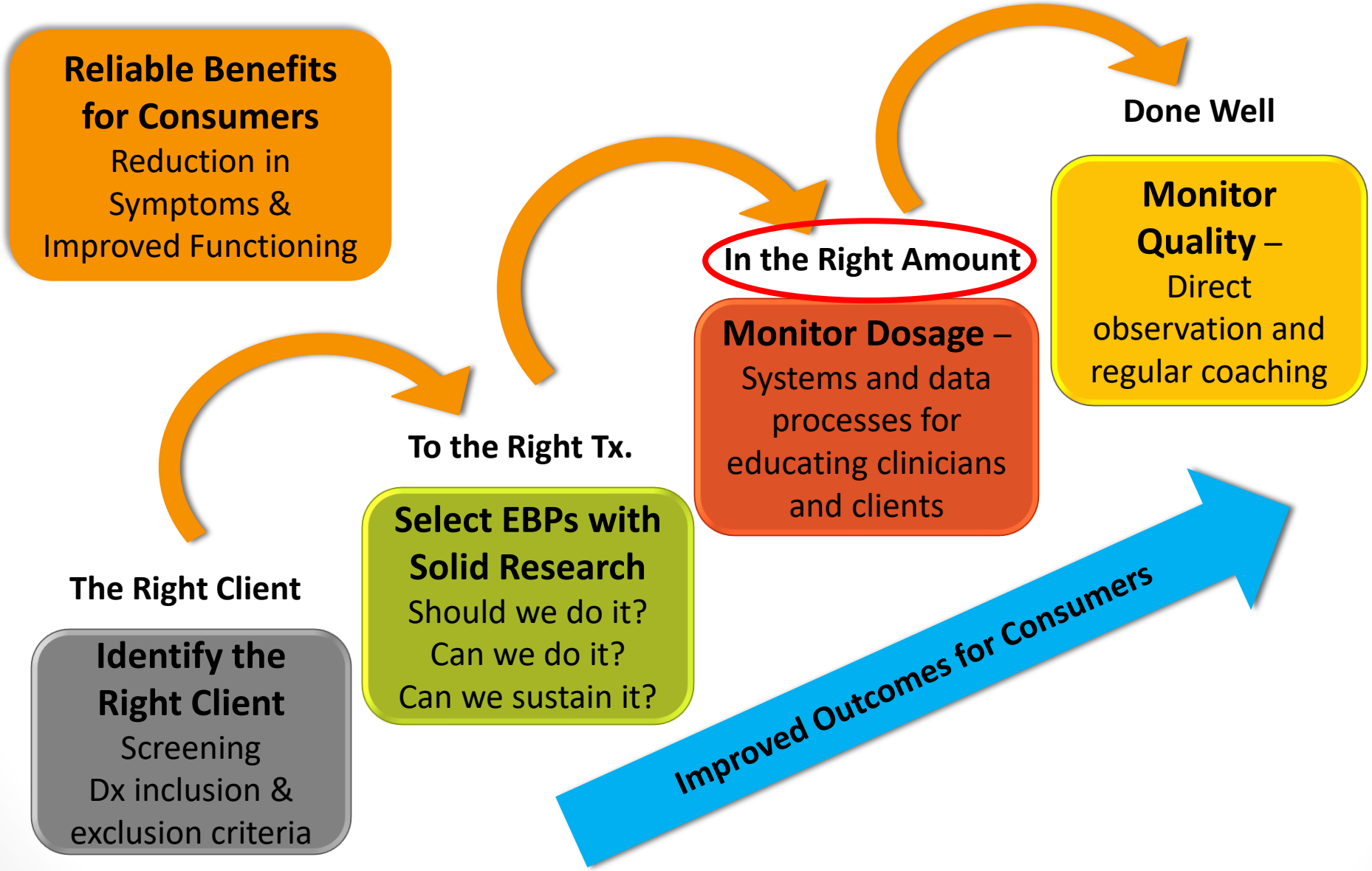
✓**Evidence** – What are the actual outcomes? How many studies were conducted, including replications? What was the quality of the research? What populations were included?

✓**Intervention Readiness** – How well is the intervention operationalized (user friendly)? Is the purveyor qualified to provide technical assistance? What other sites have been successful?

✓**Fit** – What are the structural requirements to do the EBP to fidelity? Does the EBP blend with current initiatives and priorities? Does it match community values and priorities?

✓**Resources** – What staffing, supervisory, and administrative resources will be required to sustain the treatment? What are the costs of training?

Outcome Improvement Plan at WHS via EBP Implementation

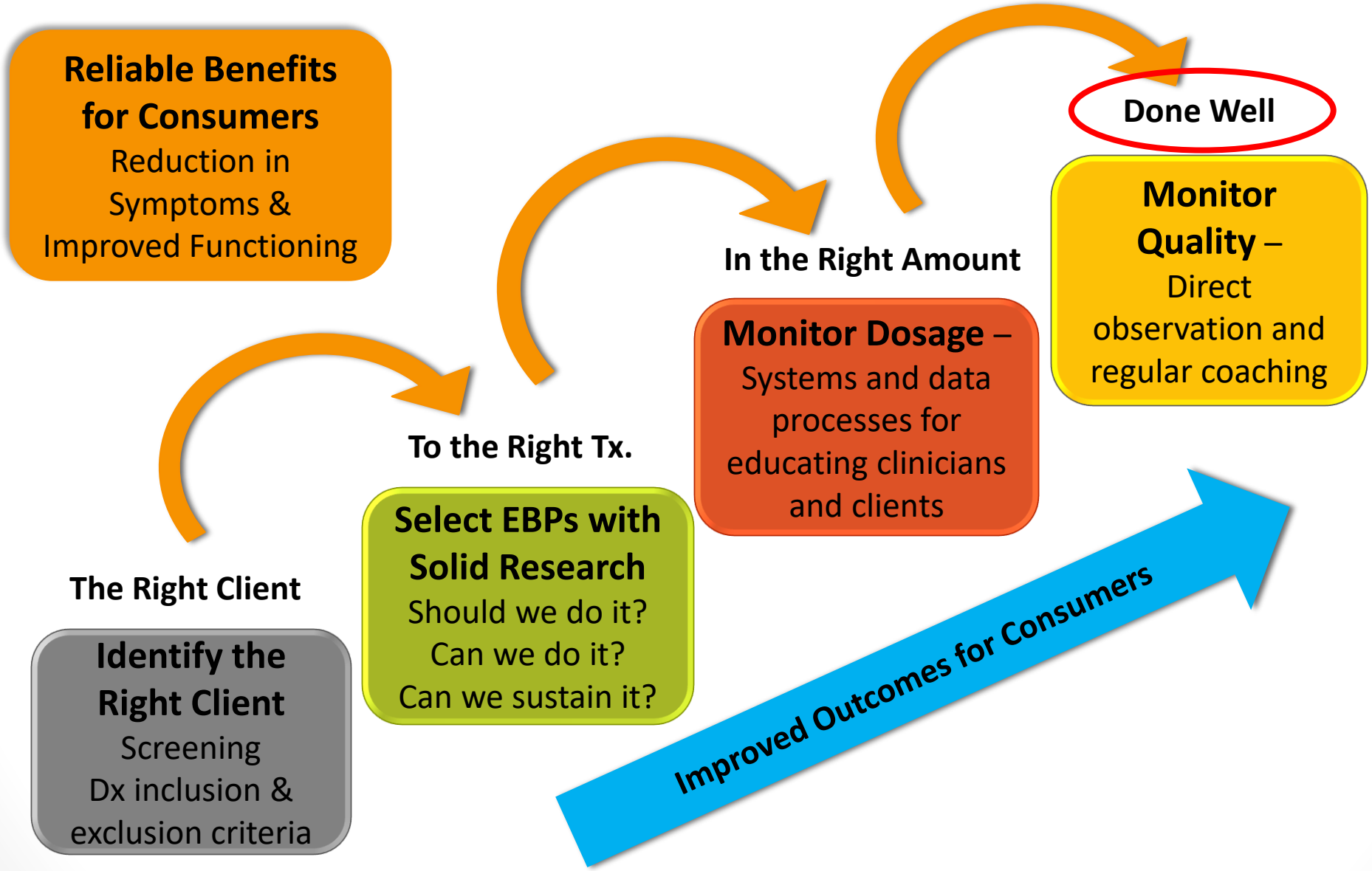


The First Three Months Seem Particularly Important

"Patients improved or recovered faster if their treatment was provided in a higher frequency of sessions during the first three months as compared to a lower frequency of treatment sessions. *After one year, 25% more patients had improved in the highest frequency group than in the lowest frequency group, and 20% more patients had recovered in the former group than in the latter.* After three years, in the lowest frequency group, as compared to the higher frequency groups, a substantially larger proportion of the patients had not recovered and were still in treatment."

Tiemens, B. et. al., (2019). "Lower versus higher frequency of sessions in starting outpatient mental health care and the risk of a chronic course; a naturalistic cohort study." BMC Psychiatry volume 19, Article number: 228

Outcome Improvement Plan at WHS via EBP Implementation



What Might Be Different in Frontline Delivery of EMDR?

- “The therapists were psychiatry residents or master’s level clinical psychologists, who received a 3-day level-I training for EMDR... They received biweekly group supervision. All sessions were audiotaped. Treatment adherence protocols were developed to rate EMDR sessions.”

- “The weekly EMDR sessions lasted 90 min and were applied according to the treatment manual.”

Han, H. R., Miller, H. N., Nkimbeng, M., Budhathoki, C., Mikhael, T., Rivers, E., Gray, J., Trimble, K., Chow, S., & Wilson, P. (2021). Trauma informed interventions: A systematic review. *PloS one*, *16*(6), e0252747. https://doi.org/10.1371/journal.pone.0252747

Fidelity to the EBP Matters

"Lack of implementation fidelity can weaken outcomes, leading to faulty conclusions about intervention effectiveness…they can cause potentially useful interventions to appear ineffective, failures in implementation fidelity have been identified as type III errors. To avoid a type III error, clear and feasible strategies for monitoring and measuring implementation fidelity should be delineated prior to initiation of an intervention."

Breitenstein, S. et. al., (2010). "Implementation Fidelity in Community-Based Interventions." Res Nurs Health. Vol. 33(2): 164–173.

We Made a Purposeful Shift in our Supervision Model

Story Telling
(The Apprentice Model)

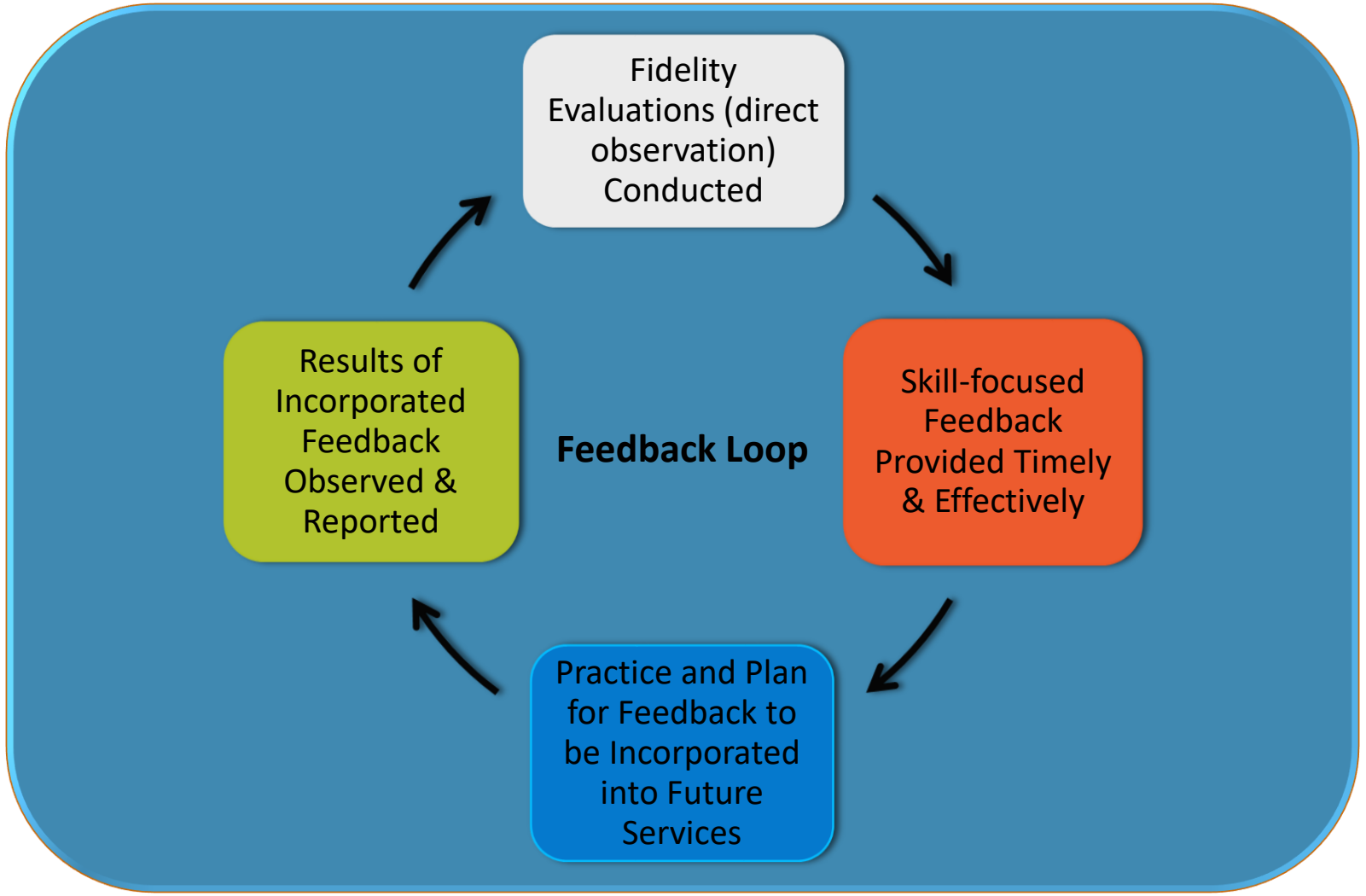
Skill Mastery
(The Coaching Model)

How Important is Coaching?

"Learning any new skill does not occur without feedback. One of the most consistent findings in motivational psychology is that feedback improves performance. Trying to learn a counseling method without feedback is like learning to bowl in the dark: One may get a feeling on how to release a ball and subsequent noise will provide some clue about accuracy, but without information about where the ball struck, years of practice may yield little improvement. ***Self-perceived competence in delivering a behavioral treatment bears little or no relationship to actual practice proficiency."***

Miller. W.R., Sorensen. J.L., Selzer. J.A., & Brigham. G.S. (2006). "Disseminating Evidence-Based Practices in Substance Abuse Treatment: A Review with Suggestions." Journal of Substance Abuse Treatment. 31, 25-39

How Fidelity Monitoring Works



What should a Quality Supervision Session Look Like that has the Potential to Impact a Client?

Quality Supervisory Relationship

Person Centered
(Collaborative)

Performance Driven
(Direct Observation Feedback in the Context of Service Delivery)

Purpose Producing
(Confidence)
(Mastery)

Structure of Supervision

Prepare for Supervision

Collaboratively Set the Agenda

Follow Up From Previous Session

Incorporate Skill Learning Strategies

Plan for Skill Incorporation in Treatment Setting

Supervision Strategies

Identifying and reinforcing skill strengths

Review feedback from direct observation

Modeling, skill practice, and coaching

Didactic learning

Plan development for future skill incorporation

Who Wins in Trauma/PTSD Treatment?

- ✓ Clients who were screened and thoroughly assessed for PTSD symptoms.
- ✓ Clients participating in treatment programs for PTSD that have been rigorously tested, and typically involve some type of exposure based strategies.
- ✓ Clients participating in programs where fidelity monitoring is routinely used to improve clinician skill and correct model drift.
- ✓ Clients being seen with sufficient frequency of sessions and a pre-determined number of sessions that approximate the model program being used.

Who Loses in Trauma/PTSD Treatment?

- × Clients who were mis-diagnosed.
- × Clients participating in a program that claims to be evidence-based but has never been subjected to the real rigors of experimental research.
- × Clients participating in programs that are evidence-based but were poorly implemented without fidelity measures and a means of correcting program drift.
- × Clients being seen with insufficient frequency and a set duration or number of needed treatment sessions.

The Question is No Longer "What Works", It's about How to Make "What Works" Work!

Trauma Focused CBT

395 Clients

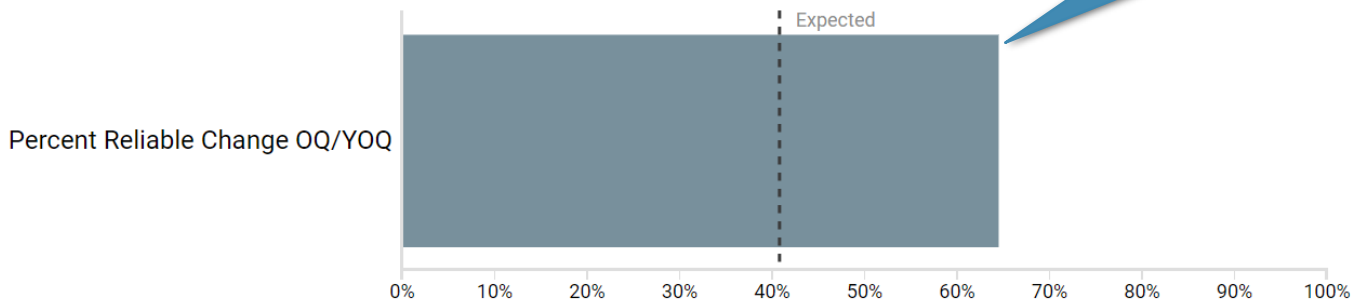
CLIENTS | TREATMENT | OUTCOMES

ALL DATA | LAST 6MO ENTRY | LAST 12MO ENTRY | LAST 24MO ENTR | 2MO EXIT | LAST 24MO EXIT

65% of children treated at WHS in the last 2 years have significantly improved or fully recovered from PTSD

Reliable Change OQ/YOQ

This chart shows the percentage of clients with reliable change on the OQ or YOQ. The dotted line shows the percent of clients expecte… liable change based on their intake variables.



WEBER HUMAN SERVICES

Questions?

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